



AFFIDAVIT COMPLETION OF TWO HUNDRED FIFTY HOURS OF BARBER INSTRUCTION

State Form 47266 (R / 7-99)

Indiana Professional Licensing Agency
302 W. Washington St., Room E034
Indianapolis, Indiana 46204
(317) 232-2980

Pursuant to IC 25-7-1-5 (4) (b) of the Indiana Barber License Law, this is to certify that

_____ satisfactorily completed an additional two
(name of student)

hundred fifty hours of instruction in the theory and practice of Barbering at _____
(name of school)

_____ School license number _____
(address of school)

Date of enrollment _____ Date of completion _____
(month, day, year) (month, day, year)

(signature of school official)

I hereby certify and declare that the above stated certification of training to be a correct and accurate record of the student enrolled at the school of barbering named below , and meets the requirements of the Indiana State Board of Barber Examiners.

(signature of student)

(signature of school official)

(name of barber school)

(printed name of school official)

STATE OF INDIANA
COUNTY OF _____

SS

Subscribed and sworn to before me this _____ day of _____ , _____ .

Signature of notary _____

Printed name of notary _____

Notary's county of residence _____

My commission expires: _____

SEAL